

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

Allied World Surplus Lines Insurance Company
f/k/a Darwin Select Insurance Company,

V.

Health Care Service Corporation, d/b/a Blue Cross Blue Shield
of Illinois, Blue Cross Blue Shield of New Mexico, Blue Cross
Blue Shield of Oklahoma, and Blue Cross Blue Shield of
Texas,

CASE NUMBER: 1:17-cv-02480

ASSIGNED JUDGE: Honorable Gary Feinerman

DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

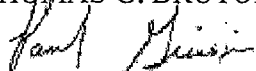
Health Care Service Corporation
Blair Todt
Senior Vice President and Chief Legal Officer
300 E. Randolph, 15th Floor
Chicago, Illinois 60601

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Daniel P. Johnston
Clausen Miller P.C.
10 South LaSalle St.
Chicago, IL 60603
(ARDC # 6243197)

an answer to the complaint which is herewith served upon you, 21 days after service of this
summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for
the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable
period of time after service.

THOMAS G. BRUTON, CLERK



(By) DEPUTY CLERK



March 31, 2017

DATE

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>3.31.17</u>	
NAME OF SERVER (PRINT) <u>THOMAS J. MILLER</u>	TITLE <u>Law Clerk</u>	
Check one box below to indicate appropriate method of service		
<input checked="" type="checkbox"/> Served personally upon the defendant. Place where served: <u>HEALTHCARE SERVICE CORP.</u> <u>SAMUEL SAMS (AUTHORIZED PERSON) 300 E. PARKER BLVD CH60 ST. 60601</u>		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____ _____		
<input type="checkbox"/> Other (specify): _____ _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>3.31.17</u> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Date Signature of Server </div> <div style="text-align: center; margin-top: 10px;"> <u>THOMAS J. MILLER P.C.</u> <u>1036 S. 16 ST. CH60 ST. 60603</u> Address of Server </div> </p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.